									Application Number Filling Date							
CLAIMS ONLY																
CEATITIO OTTE								pplicant(s	)							
									* May be used for additional claims or amendments							
CLAIMS	CLAIMS . AS FILED			AFTER FIRST AMENDMENT		SECOND DMENT						Indep Depend				
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend		
1							-	51								
2							-	52 53								
3	<b> </b> -	<del> </del>	<b> </b>				-	54		-	·					
5		<del> </del>	<del> </del>					55								
6		<del>                                     </del>					_	56								
7		1		<u> </u>				57 58								
8				<del></del>	}		-  -	59								
10		<del> '}-</del>	<del> </del>	<del> </del>				60								
11							. -	61· 62								
12						<u> </u>	<b>+</b>	63								
13				<del> </del>	<u>-</u> -			64								
14	1	<del></del>	<del></del>		-			65								
16	<del> </del>	1					-	66								
.17		,					·  -	68								
19/								69						<u>-</u>		
.19 20	<del></del>	<b></b>					-	70 71			:			<del></del>		
21	1						- H-	72			<del>-:</del>					
22								73								
23								74								
25	ļ					LI	-	75 76								
26		·		ļ			-	77	<u> </u>							
. 27								78								
28 29								79								
30						LI	-	80 81								
31						<b> </b>	-	82			·					
32		ļ	• • •	<del> </del>				83					<u> </u>			
34-			- <u>`</u>	<b></b>				84						<del></del>		
35							-	85 86								
36		L	ļ				-	87								
37	<del> </del>	<del> </del>		<u> </u>			Ţ	88								
39			<del></del>					89								
40							-	90 91								
· 41		·		ļ			<del> </del>	92								
42	<del> </del>	<b></b>	<del></del>					93								
44	1							94								
45.							-	95 96								
46							  -	97								
47								98								
49.								99								
. 50							_	100				<del></del>		<del></del>		
Total				1				olal ndep								
Indep	Ļļ				ļJ		1-1	otal			4	_	4	/		
Total Depend	- ◀				. 4		0	)epend								
Total							T	otal				,	Ì			
Claims				1			10	taims			لـــــــــــــــــــــــــــــــــــــ					